ttorney Docket No. 2786-0199P

にはつい。 BIRCH, STEWART, KOLASCH & BIRCH, LLP

SPLICE VARIANTS OF CD40-RECEPTOR

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Insert Title:

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fill in Appropriate Information -	the specification of w	hich is attached here	to. If not attached hereto, v 22, 2002				as
For Use Without	United States A	pplication Number _	y 22, 2002				;
Specification	and amended or	January 22, 2002				(it applicab	le) and/or
Attached:	the specification	was filed on July 19	9 2000				_ as PC I
			CT/IL00/00427			/if as	; and was opticable)
	amended on Au						-
	any amendment refer I acknowledge t I do not know a patented or described that the same was no not been patented or States of America on this application, and States of America pri	red to above. the duty to disclose in ind do not believe the in any printed public tin public use or on made the subject of an application filed that no application for to this application oreign priority beneful w and have also iden	and understand the contents information which is materia e same was ever known or cation in any country before sale in the United States of an inventor's certificate iss by me or my legal represer or patent or inventor's cert by me or my legal represer fits under Title 35, United St tified below any foreign applich:	al to patentability as used in the United e my or our invention. America more that used before the date stative or assigns mail ficate on this inver- tatives or assigns, states Code, \$119(a.	s defined in Title 37, Co States of America befo on thereof or more than n one year prior to this e of this application in a nore than twelve months notion has been filed in a except as follows.	de of Federal Regure my or our inven one year prior to the application, that the any country foreign is (six months for deany country foreign). It is the country foreign in the countr	lations, §1.56. tion thereof, or his application, e invention has n to the United esigns) prior to n to the United int or inventor's
	Prior Foreign Appl	ication(s)				Priority	Claimed
Insert Priority				Inter 20, 10	00	$\boxtimes$	
Information:	130989	<u>Israel</u> (Country)		July 20, 19 (Month/Day/Y		Yes	No
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	(Number)	(Country)		(Month/Day/Y	Year Filed)	Yes	No
	(Number)	(Country)		(Month/Day/Y	Year Filed)	Yes	No
	I hereby claim the her	nefit under Title 35.	United States Code, §119(e	of any United Stat	tes provisional applicati	ons(s) listed below	
				•			
Insert Provisional Application(s): (if any)	(Application Number	)		(Filing Da	ate)		<del></del>
	(Application Number	)		(Filing Da	ate)		<del></del>
	All Foreign Applicate Date of This Applicate		Patent or Inventor's Certific	cate Filed More tha	an 12 Months (6 Month	is for Designs) Pric	or to the Filing
	Country		Application Number		Date of Filing (Month	/Day/Year)	
Insert Requested Information: (if appropriate)							<del></del>
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
Insert Prior U.S. Application(s) (if any)	(Application Number	)	(Filing Date)		(Status - patented, pen	ding, abandoned)	
Page 1 of 2 (Rev. 12 (991)	(Application Number	)	(Filing Date)		(Status - patented, pen	ding, abandoned)	<del></del>

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Attorney Docket No. 2786-0199P

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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Full Name of First or Sole Inventor Insert Name of Insert Date This Document is Signed Insert Residence	Kinneret SAVITZKY	X TED		X19200			
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	Residence (City, State & Country)	<del></del>	CITIZENSH	IP .			
insert Citizenship →	Tel Aviv ISRAEL		Israeli				
nsert Post Office Address →	MAILING ADDRESS (Complete Street Address	s including City, State & Country)					
	Metodela Street 44, 69548 Tel Aviv ISRAEL						
Full Name of Second Inventor, if any	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Rami KHOSRAVI	<u> </u>		X			
$\overline{}$	Residence (City, State & Country)		CITIZENSHI	IP			
<u> </u>	Herzilya ISRAEL		Isaeli				
, .	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	Yehuda Halevy Street 36, 46490 Herzilya ISRAEL						
Full Name of Third Inventor, if any	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Menashe ELAZAR			X			
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15	Mevaseret Zion ISRAEL		Israeli				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	Harazim Street 31, 90805 Mevaseret Zion ISRAEL						
Full Name of Fourth inventor, if any see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)	CITIZENSHI	IP				
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Full Name of Fifth Inventor, if any see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)	CITIZENSHI	IP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Sixth inventor, if any see above	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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	Yehuda Halevy Street 36, 46490 Herzilya I	SRAEL				
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Page 2 of 2 (Rov 12/19/01)

\*DATE OF SIGNATURE

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